Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **October 1st through 15th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PART I - FACE SHEET

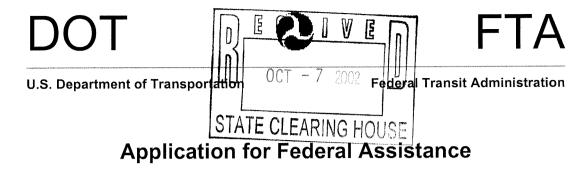
APPLICATION FOR FEDERAL ASSISTANCE			1. TYPE OF SUBMISS	SION:		
28, DATE SUBMITTED TO CORPORA FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	AND COMMUNITY			STATE APPLICATION	IDENTIFIER:	
09/30/02 2b. APPLICATION ID:	4 2500	H-DNIAA3.	STATE CI	GRANT NUMBER:		
03SR026314	09/30/02	Children in 2 has not only the place of the control		02SRPCA136		
5. APPLICATION INFORMATION		,				
LEGAL NAME: YOLUNTEER CENTER	R OF FRESHO	7007 - 1	PERSON TO BE	CONTACTED ON MAT	FOR PROJECT DIRECTOR O TERS INVOLVING THIS APPL	R OTHER ICATION (glve
ADDRESS (give street address, city, 1900 Mortposa Mall Suita 114 Frasno CA 93721	state and zip copey.		FAX NUMBER:	MBER: 5592373101	@pacbell.net	
EMPLOYER IDENTIFICATION NUI 942314572 TYPE OF APPLICATION: NEW REVISION Revision, enter appropriate letter(s) A. Increase Award D. Decrease Duration 10a. CATALOG OF FEDERAL DOME! 10b. TITLE: Relired and Senior Volur 12. AREAS AFFECTED BY PROJECT	CONTINUATION In box(ea): Be Award C. Incress STIC A68ISTANCE NUMB Inteer Program		9. NAME OF FEI	nased Organizacion nogeneant Organizacion DERAL AGENCY: tion for Nation	al and Community	Service
Presno, Modera and Merced Counties 13. PROPOSED PROJECT: START D	ATE: 61/01/02 ENC	DATE: 12/31/04	14 PERFORMAN	NCE PERIOD: START D	DATE: END DATE	,
	VIL. 01/01/02 END	- WINEL 12/23/9T				
15. ESTIMATED FUNDING:			16. IS APPLICAT ORDER 12372 P		IEW BY STATE EXECUTIVE	
a. FEDERAL	\$ 87,787.00	0			LICATION WAS MADE AVAILA	/BLE
b. APPLICANT c. STATE	\$ 54,473.00 \$ 0.00		Y YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01-OCT-02			
d, LOCAL	\$ 22,100.00	3	_			
e. OTHER	\$ 32,373.00	0				
f. PROGRAM INCOME	\$ 0.00	0		IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g, TOTAL	\$ 142,260.00	0		ES If "Yes," attach an	explanation. X NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE AP				TION ARE TRUE AND O OMPLY WITH THE ATT	CORRECT, THE DOCUMENT ACHED ASSURANCES IF TH	HAS BEEN E ASSISTANCE
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: b. TITLE:					c. TELEPHONE NUMBER:	
Donne M. Ueland		Brecutive Directo	r		559-237-3101	
					d. DATE: 09/30/02	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANC			1. TYPE OF SUBMISSION: Non-Construction			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/30/02	NAL AND COMMUNITY			STATE APPLICATION IDEN	ITIFIER:	
2b. APPLICATION ID:	4. DATE RECE	EIVED:		GRANT NUMBER:		
03SR026314	09/30/02			02SRPCA136		
5. APPLICATION INFORMATION						
LEGAL NAME: VOLUNTEER CENTER OF FRESNO ADDRESS (give street address, city, state and zip code): 1900 Mariposa Mall Suite 114		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Gloria Jean Sinopoli TELEPHONE NUMBER: 5592373101 FAX NUMBER: 5592376860				
Fresno CA 93721			INTERNET E-M	AIL ADDRESS: gsinopol@pact	ell.net	
 EMPLOYER IDENTIFICATION NUMBER (EIN 942314572 	<i>(</i>):		7. TYPE OF AP			
8. TYPE OF APPLICATION:			- ·	Based Organization anagement Organization	RECEIVED	
	A TION				I Loren V Leon I W Berry Berry	
NEW X CONTINU	ATION				OCT 3 2002	
REVISION If Revision, enter appropriate letter(s) in box(es):						
A. Increase Award B. Decrease Award	C. Increa	se Duration			STATE CLEARING HO	
D. Decrease Duration			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC ASSIS 10b. TITLE: Retired and Senior Volunteer Progra		ER: 94.002	11. DESCRIPTI'	VE TITLE OF APPLICANT'S PE	ROJECT:	
 AREAS AFFECTED BY PROJECT (List Citie Fresno, Madera and Merced Counties 	s, Counties, Sta	ates, etc):				
13. PROPOSED PROJECT: START DATE: 01/0	1/02 END	D DATE: 12/31/04	14. PERFORMA	NCE PERIOD: START DATE:	END DATE:	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		BY STATE EXECUTIVE	
a. FEDERAL	\$ 87,787.0	0	ORDER 12372		TION WAS MADE AVAILABLE	
b. APPLICANT	\$ 54,473.0	0	X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR			
c. STATE	\$ 0.0	0	i .	EW ON: :: 01-OCT-02		
d. LOCAL	\$ 22,100.0	0				
e. OTHER	\$ 32,373.0	0				
f. PROGRAMINCOME	\$ 0.0	0	40000	LICANT DELINQUENT ON AN	,	
g. TOTAL	\$ 142,260.0			'ES if "Yes," attach an expla		
8. TO THE BEST OF MY KNOWLEDGE AND B OULY AUTHORIZED BY THE GOVERNING BO S AWARDED.	ELIEF, ALL DA DY OF THE AF	IA IN THIS APPLICAT	PPLICANT WILL (COMPLY WITH THE ATTACHE	ED ASSURANCES IF THE ASSISTANCE	
. TYPED NAME OF AUTHORIZED REPRESEN	ITATIVE:	b. TITLE:			ELEPHONE NUMBER:	
Donna M. Ueland		Executive Director		5:	59-237-3101	
					ATE: 9/30/02	

APPLICAT	ION FOR					OMB Approval No. 0348-0043
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMIS Application Construction	SION: Preapplica K Const.		3. DATE RECEIVED E	BY STATE	State Application Identifier	
	 .		4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFO		construction				
Legal Name:	MATION .			Organizational Unit:		
Rancho	Seco, Inc	•				
Address (give city, co	unty, state, and zip co	de).		Name and telephone application (give area	number of the person to be con-	tacted on matters involving this
	3ox 1909			1	Martin - (760)	373-7600
Canti.	l, CA 93519			-or-		
				Coby	Graham - (559)	651-1000 Ext.686
6. EMPLOYER IDEN 9 ! 8. TYPE OF APPLICA	5 - 2 2 1	8 7 8 6		7. TYPE OF APPLIC A. State B. County C. Municipal	ANT: (enter appropriate letter in H. Independent S I. State Controlle J. Private Univers	chool Dist. d Institution of Higher Learning
If Revision, enter app	⊠ New	Continuation	Revision	D. Township E. Interstate F. Intermunicipa G. Special Distri	K. Indian Trib a L. Individual	woon Mutual Water Co.
A. Increase Award D. Decrease Durat	B. Decrease A ion Other (specify)		ocrease Duration			
					lities Service al Development	
10. CATALOG OF FE		110	7 6 0		TILE OF APPLICANT'S PROJE	
Wate	er and Wast			Rancho Seco Water Distribution System Project:		
TITLE: LOAI	n and Grant	Program		Replace the Mutual's existing water		
12. AREAS AFFECT				lines	and 64 services	
	o Seco, Inc y of Kern	. water Sy	's reili			
Califo						RECEIVED
13. PROPOSED PRO	DJECT:	14. CONGRESS	IONAL DISTRICTS OF:			007 0000
Start Date	Ending Date	a. Applicant			b. Project	OCT 3 2002
05/2003	05/2004	22			22	
15. ESTIMATED FUI	NDING:		16. IS APPLICA	TION SUBJECT TO RI	EVIEW BY STATE EXECUTIVE	ORDER STATE OF FARING HOUS
a. Federal	200,000	1		R 12372 PROCESS FOR		AILABLE TO THE STATE EXECUTIVE
b. Applicant	\$	J	.00 DATE	10-1-02		
c. State	s		.00 b. NO	PROGRAM IS NO	OT COVERED BY E.O. 12372	
d. Local	s			OR PROGRAM H	AS NOT BEEN SELECTED STA	TE FOR REVIEW
e. Other	s		.00			·
f. Program Income	S		l l		ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 200,00	0	.00 YES	If "Yes," attach an exp	olanation.	<u>Ç</u> 3 №
18. TO THE BEST O	F MY KNOWLEDGE A	ND BELIEF, ALL D	ATA IN THIS APPLICATI	ONPREAPPLICATION	ARE TRUE AND CORRECT, TH	E DOCUMENT HAS BEEN DULY
a. Typed Name of	EGOVERNING BODY Authorized Represe Martin		NT AND THE APPLICAN	b. Title Preside		c. Telephone number (760) 373-7600
	thorized Representa	tive				e. Date Signed
Dawn.	Martin	$\hat{\omega}$				10-1-02

View Print Page 1 of 8



Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-90-Y178
Budget Number:	1 - Budget Pending Approval
Project Information:	Maintenance / Corporate Yard Design

Part 1: Recipient Information

Project Number:	CA-90-Y178
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project	\$1,043,250
Project Number:	CA-90-Y178	Cost:	
	Maintenance / Corporate Yard	Adjustment Amt:	\$0
Project Description:	Design	Total Eligible Cost:	\$1,043,250
Recipient Type:	City	Total FTA Amt:	\$834,500
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Michael Busch	Total Local Amt:	\$208,750
New/Amendment:	None Specified	Other Federal	\$0
Amend Reason:	None Specified	Amt:	
, 1110114 1 1040011		Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified		

Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Sep. 15, 2002 - Sep. 30, 2003
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Sep. 27, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 13, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	33	Lucille Roybal-Allard

Project Details

The City of Claremont will program \$834,500 of Section 5307 funds and \$208,750 in matching funds towards the design of a joint use City Corporate / Maintenance Yard facility. The City will be allocating General Fund monies as the Local match. The Section 5307 funds used for design represent the transit share of the entire project valued at over \$12 million.

Part 3: Budget

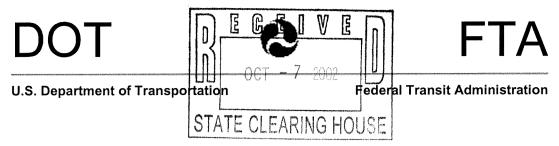
Project Budget

Quantity	FTA Amount	Tot. Elig. Cost
1	\$834,500	\$1,043,250
1	\$834,500	\$1,043,250
	Quantity 1	1 \$834,500

APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSISTAN	NCE	2. 5/412			
		3. DATE RECEIVED BY	STATE	State Application Identif	ier
1. TYPE OF SUBMISSION:	Preapplication	S. DATE			
Application Construction	▼ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION					
		Diekrict	Organizational Unit:	1 - F Directo	ra
Springville	Public Utility	District	Boa	ard of Director	ontacted on matters involving
Address (give city, county, State, P.O. Box 43	and zip code): 4		1	rea code) Keller, Distri	•
Springville	, CA 93265		(559) 732-	7938	
Tulare Coun	TY		7. TYPE OF APPLICA	ANT: (enter appropriate le	etter in box)
6. EMPLOYER IDENTIFICATION					G
94-1731	897		A. State	H. Independent School	
8. TYPE OF APPLICATION:			B. County		ution of Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe	
		, _	D. Township E. Interstate	L Individual	
If Revision, enter appropriate lette	er(s) in box(es)		F. Interstate F. Intermunicipal	M. Profit Organization	
B Don	rease Award ©. Increas	e Duration	G. Special District	N. Other (Specify)	
A. Increase Award B. Dec D. Decrease Duration Other(s	The state of the s	· · · · · · · · · · · · · · ·			·
D. Decrease Duration	,		9. NAME OF FEDER	AL AGENCY:	
			USDA - Rui	cal Developmen	t '
		·			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S I	PROJECT:
		10-760			1 Duniont
Water & Wa	ste Disposal		Séwe	r Effluent Dis	posal Project
TITLE: Loan and	Grant Program			Section 1	RECEIVED
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, Sta Community of	ates, etc.):	,		HEUEIVEY
Unincorporated Springville, Ca	lifornia Tular	e County			•
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	<u></u>		001 7 7 3 100
March 2004*	14. CONGRESSIONAL DI				
Start Date Ending Date	a. Applicant		b. Project		STATE CLEARING HOL
*Funding Dependent	21st		21st		Constitution of the Consti
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW	BY STATE EXECUTIVE
	•		ORDER 12372 P	ROCESS?	
a. Federal	\$ 1.02	21,800]		TION WAS MADE
USDA-RD			a. YES. THIS PRE	APPLICATION/APPLICA E TO THE STATE EXEC	TION WAS MADE
b. Applicant	S	0		FOR REVIEW ON:	OTIVE ORDER 12372
	\$	<u> </u>	- PROCESS		
c. State	•	0	DATE	10/4/02	
d. Local	\$.	∞		_	*
		0	_ b. No. □ PROGR	AM IS NOT COVERED	BY E. O. 12372
e. Other	S	. 86	<u> </u>	GRAM HAS NOT BEEN	SELECTED BY STATE
		0	FOR RE	VIEW	
f. Program income	\$				
		0	17. IS THE APPLICA	NT DELINQUENT ON A	NY FEDERAL DEBT?
g. TOTAL	\$		Yes If "Yes,"	attach an explanation.	∑ No
	1,0	21,800			
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	CATION/PREAPPLICA	HUN ARE TRUE AND (THE ADDITIONALT WILL!	COMPLY WITH THE
DOCUMENT HAS BEEN DULY			TE APPLICANT AND T	US WELLIOWIA! AILL	PUNITED WITH THE
ATTACHED ASSURANCES IF a. Type Name of Authorized Rep		b. Title Presid	ent.	c. Telephone Number	
Wallace Johnson	v eselitanaa		Directors	(559) 539-	2869
d. Signature of Authorized Repre	esentative /	I DUALU OI		e. Date Signed	
11) allesce N	Johnson			10-4-	02
Previous Edition Usable	7			Standard Fo	orm 424 (Rev. 7-97)

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102



Application for Federal Assistance

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y186
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2003 Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y186
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project	\$3,171,250
Project Number:	CA-90-Y186	Cost:	
Project Description:	FY 2003 Capital Assistance	Adjustment Amt:	\$0
		Total Eligible Cost:	\$3,171,250
	1		

Recipient Type:	City
FTA Project Mgr:	Ray Tellis/John Ottomanelli
Recipient Contact:	J. Mills/A.Ochoa/A. Rose
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Oct. 01, 2002 - Nov. 30, 2003
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	None Specified .
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 02, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

* *	•
Total FTA Amt:	\$2,537,000
Total State Amt:	\$634,250
Total Local Amt:	\$0
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman

Project Details

FY 2003 Capital Projects-

- 1. Preventive Maintenance: In compliance with federal guidelines, staff will use a portion of capital funds to defray the cost of maintaining the fleet.
- 2. COP Bus Lease Payment: This is the year 11 payment on the Certificates of Participation (COP) sold in December 1992 to purchase fourteen Gillig Phantoms buses.

		PART I - F	FACE SHE	ET	٢	\overline{a}	IS	P [E D	W
APPLICATION FOR F	EDERAL	ASSISTA	NCE	1. TYPE OF SUBMISSION:		D	<u>E</u>	- G - L	5 0	<u>U</u>
I. DATE SUBMITTED TO CORPORATION OR NATIONAL AND COMMUNITY ERVICE (CNCS): 3. DATE RECEIVED BY STATE:				STATE APPLICATION	IDENTI	""		OCT	8	
2b. APPLICATION ID:	4. DATE RECI	4. OATE RECEIVED:		GRANT NUMBER: STATE CLE			AR	ARING		
				023RPCA049						
6. APPLICATION INFORMATION LEGAL NAME: Sharta County Community Action Agency ADDRESS (give street address, city, state and zip code):		PERSON TO SE area codes): NAMÉ: Sherre L								
1670 Market St., Suite 300 Redding CA 96001			TELEPHONE NUMBER: 5302255803 FAX NUMBER: 5302255178 INTERNET E-MAIL ADDRESS:							
6, EMPLOYER IDENTIFICATION NUMBER (E	EIN):		7. TYPE OF APP	PLICANT:						
946000535			78. Lucal Govern							
8. TYPE OF APPLICATION:	A time v - p // protestor		7b.							
NEW X CONTIN	UATION									
REVISION										
If Revision, enter appropriate letter(s) in box(e	9);									
A. Increase Award B. Decrease Award D. Decrease Duration	J. 11014	• Duration		DERAL AGENCY: tion for Nationa	ıl and	l Cor	nmı	ınity (Servi	ice
10a. CATALOG OF FEDERAL DOMESTIC ASS 10b. TITLE: Retired and Senior Volunteer Proj 12. AREAS AFFECTED BY PROJECT (List Of	gram		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SHASTA/TEHAMA/TRINITY CO'S RSVP							
Calibrila Counties of Tehama, Shrata		4								
13. PROPOSED PROJECT: START DATE: 01	/01/03 END	DATE: 12/31/03	14. PERFORMAI	NCE PERIOD: START D	ATE:		ENI	D DATE:		
15. ESTIMATED FUNDING:			16, IS APPLICAT	TION SUBJECT TO REVI	EW BY	STATE	EXEC	 J∏VĒ		
8. FEDERAL	\$ 127,421.00)	ORDER 12372 P	PROCESS?						
b. APPLICANT	\$ \$4,609.00)	X YES, THIS	PREAPPLICATION/APPLIE STATE EXECUTIVE OF	ICATION	N WAS 2372 PF	MADE ROCES	avalae 38 For	BLE	
c. STATE	\$ 0.00	0	REVIE	EW ON: : 01-OCT-02						
d, LOCAL	\$ 54,609.00)		· · · · · · · · · · · · · · · · · · ·						
. OTHER	\$ 0.0	-							<u>18</u> 1 (118)	.,
I. PROGRAM INCOME	3 0.0		17. IS THE APPL	S THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?						
g. TOTAL	\$ 182,030.00			ES If "Yes," ettech an			X			
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING B IS AWARDED.	BELIEF, ALL DA	TA IN THIS APPLICA	ATION/PREAPPLICA APPLICANT WILL C	TION ARE TRUE AND COMPLY WITH THE ATTA	ORREC	T, THE ASSUR	DOC! ANCE	JMENT H S IF THE	ASSIS	EN TANCE
. TYPED NAME OF AUTHORIZED REPRES	ENTATIVE:	b. TITLE:			c. TELE	PHÔNE	NUM	BER:		
Larry Laus /)	mes cae a courtain con-	Director			530.2	25,5R03				
The Day					d. DATE	ë: - 6 ⁶ ~	· 🕜	2 -		

10/08/2002 13:01 FAX					SION:	
APPLICATION FOR FE	DE, AL AS	SISTAN	CE	Non-Curstrum	REELVE	
L DATE SUBMITTED TO CORPORATION OR NATIONAL AND COMMUNITY ERVICE (CNCS):	R NATIONAL AND COMMUNITY			TATE APPLICATION	OCT - 8 2002	
), APPLICATION ID:	4, DATE RECEIVE	D;	1 -	02SRPCA002 CTATE CLEARING HOUSE CTATE CLEARING OTHER		
03SR026D90					TATE CI FARING MUUUL	
APPLICATION INFORMATION			NAME AND CONTA	CT INFORMATION	FOR PROJECT-BIRECTOR OR OTHER	
LEGAL NAME: CONSID RECREATION & PARK DISTRICT			NAME AND CONTACT INFORMATION (BYO PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (BYO BRED COMES); NAME: Louise Desirile			
DDRESS (give attest entiress, city, state an	of zigo coodle):		TELEPHONE NUM	BER; 805-381-2742		
403 W. Hillorest Drive			FAX NUMBER: 80			
Thousand Oaks CA 91360			INTERNET E-MAIL		gro. 64cm	
			7. TYPE OF APPL			
S. EMPLOYER IDENTIFICATION NUMBER (EN:		7. TYPE OF APPLI			
952265201			7h. Local Governm			
73 2203 272			- Ur Fuest Coverin	att'i fetamentea		
B. TYPE OF APPLICATION: NEW X CONTI	NOITAUN					
REVISION		7				
	(ee):	1	1			
If Revision, order appropriate letter(s) in box	(_				
A. Increase Americ B. Decrease Americ		Duration				
·		Duration		ion for Natic	onal and Community Service	
A. Increase Austria B. Decruge Austria	C, Incresse		Corporati	ion for Natio		
A. Increase Auero D. Decresse Duration 10s. CATALOG OF FEDERAL DOMESTIC A	C. Increase ASSISTANCE NUMBER Program Cilies, Courilles, State	R; 94.002	Corporati	ion for Natio	CANT'S PROJECT:	
A. Increase Ameri D. Decresse Duration 10st CATALOG OF FEDERAL DOMESTIC A 10b. Title: Ratined and Senior Volunteer F 12. AREAS AFFECTED BY PROJECT (List Thousand Oaks, Newbury Park, and part of	C, Increase SSISTANCE NUMBER Program Cillos, Countles, Sale	R; 94.002 89. 6(c): hura Country	11. DESCRIPTIVE Consijo Valley	ion for Natio	CANT'S PROJECT: Valunteer Program	
A. Increase Auero B. Decrease Auero D. Decrease Duration 10st CATALOG OF FEDERAL DOMESTIC A 10b. TiTLE: Retired and Senior Volunteer F 12. AREAS AFFECTED BY PROJECT (List	C, Increase SSISTANCE NUMBER Program Cillos, Countles, Sale	R; 94.002	11. DESCRIPTIVI Conejo Valley 14. PERFORMAN	ion for National Senior Retired and Senior	CANT'S PROJECT: Volunteer Program RT DATE: END DATE:	
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APPLICA ²	TION FOR	₹				OMB Approval No. 0348-0043
FEDERAL			2. DATE SUBMITTED		Applicant Identifier	
.TYPE OF SU	IBMISSION:		3. DATE RECEIVED BY STAT	E	State Application Identifier	
Application		Preapplication				
Construc	ction	Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier	
<u> </u>	struction	Non-Construction				
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egal Name:	city county s	tate, and zip code):		Organization		_
idaloda įgivo i	ony, county, s	rate, and 2p code,			elephone number of person t ion <i>(give area code)</i>	o be contacted on matters involving
				Mike E	llison, General	Manager (805) 467-33
5. EMPLOYER	IDENTIFICATIO			7. TYPE OF	APPLICANT: (enter apprpriat	· · · · · · · · · · · · · · · · · · ·
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art Date	Ending Date	a. Applicant		b. Proje	ect	
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		1 (571)		//// /	STATE FOR REVI	:W .
Program	Income	\$	CIEND	17. IS 7	THE APPLICANT DELINQUEN	T ON ANY FEDERAL DEBT?
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ORRECT, 7	THE DOCU	MENT HAS BEEN	AND DELIES, ALL DAW	BY THE GO	VERNING BODY OF T	LICATION ARE TRUE AND THE APPLICANT AND THE RDED.
Type Name of	Authorized Re	epresentative	b. Title			c. Telephone Number
Mike El				1 Manage	r	(805) 467-3300
Signature of	Authorized Rep	resentative				e. Date Signed
//-	ALL)	1//				

OMB Approval No. 0348-0043 **APPLICATION FOR** Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE N/A October 3, 2002 State Application Identifier SAI-EXEMPT 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Application
Construction Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction 06-01495 Non-Construction Non-Construction 5. APPLICANT INFORMATION organizational Unit: California Department of Parks and Recreation California - Department of Parks and Recreation Legal Name: Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code); Post Office Box 942896 Charlie Willard 2002 _9 Sacramento Sacramento 3150 (916) 651-8597 94296-0001 06 California 1. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Α STATE CLEARING HO H. Independent School Dist. I. State Controlled Institution of Higher Learning B. County B. TYPE OF APPLICATION: J. Private University C. Municipal Revision Continuation New New K. Indian Tribe D. Township L. Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) _ C. Increase Duration B. Decrease Award A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Lake Oroville SRA Recreation Facilities Development 1 5 -Department of Water Resources TITLE: Outdoor Recreation - Acquisition, Development & Planning Oroville Filed Division 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 460 Glan Drive Oroville, Ca 95966 06-54386 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project a, Applicant Start Date Ending Date 03 6/30/06 11/1/02 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **DRDER 12372 PROCESS?** \$ a, Federal 8, YES. THIS PREAPPLICATION/APPLICATION WAS MADE 222,309 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 2 b. Applicant 222,309 PROCESS FOR REVIEW ON: c. State DATE 10-9-02 d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE ÓC e. Other FOR REVIEW 00 \$ f, Program income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ∏ No Yes If "Yes," attach an explanation. g. TOTAL 444,618 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative (916) 653-7423 Acting Director, Parks and Recreation Ruth Coleman e. Date Signed d. Signature of Authorized Bepresentative Ur.

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR	05		TE SUBMITTED Applicant Identifier ber 9, 2002		
FEDERAL ASSISTAN	UE .		RECEIVED BY STATE		State Application Identifier
1. TYPE OF SUBMISSION: Application	Preapplication				
☐ Construction	☐ Construction ☐ Non-Construction	4. DATE RE	ECEIVED BY FEDERAL AG	ENCY	Federal Identifier
X Non-Construction					
5. APPLICANT INFORMATIO	N		Organizational Unit:		
Legal Name: California Department of Transportation [] [] [Division of Mass Tra	ınsportati	on
Address (give city, county, State, and zip OCT - 9 P.O. Box 942874 Sacramento, CA 94274-0001 6. EMPLOYER IDENTIFICATION NUMBER AND CLEAR			Name and telephone nu matters involving this ap Christopher Herre, Ch Office of Specialized (916) 654-6990	oplication (g nief I Transit a	nive area code) and Procurement
6. EMPLOYER IDENTIFICAT	ION NUMBERIANE CLE	ARING H	OUSE OF APPLICAN	I T : (enter a	ppropriate letter in box): A
94 - 6001344 8, TYPE OF APPLICATION:			A. State H. B. County I.	Independen State Contr	t School Dist. olled Institution of Higher Learning
X New ☐ Continual If Revision, enter appropriate	tion Revision etter(s) in boxes)		D. Township K. E. Interstate L.	Private Univ Indian Tribe Individual	,
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U.S.C. 49 S	Section 5310				
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etc.) Statewide	,				
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15. ESTIMATED FUNDING:		***************************************	16. IS APPLICATION S		
a. Federal	\$ 9,600,000.00		EXECUTIVE ORDER	R 12372 PF	ROCESS:
b. Applicant	\$		a. YES. THIS PREAPP	LICATION	APPLICATION WAS MADE
c. State	\$				E EXECUTIVE ORDER 12372
C. State	·		PROCESS FOR	KEVIEW	OIV.
d. Local	\$ 2,400,000.00		DATE: October	•	
e. Other	\$		b. NO. PROGRAM I	S NOT CO	VERED BY E.O. 12372 OT BEEN SELECTED BY
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g. TOTAL \$ 12,000,000. 00			DEBT?		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DO THE ATTACHED ASSURA	JLY AUTHORIZED BY THE GONCES IF THE ASSISTANCE IS	OVERNING B AWARDED.	SODY OF THE APPLICANT	AND THE A	PPLICANT WILL COMPLY WITH
a. Type Name of Authorized R	epresentative b. Title	Chief, Offi	ce of Specialized		hone Number) 654-6990
Christopher Herre		sit & Proc	urement ss Transportation	(010)	, 00 7- 0330
d. Şignaturé of Authorized F		IOII OI IVIA	o manoportation	e. Date	Signed
d. Signature of Authorized I	Maria				ber 9, 2002
Previous Edition Usable Authorized for Local Reproduction	n				Standard Form 424 (Rev. 7-97) Prescribed by OMB circular A-102

JACUMBA CSD

APPLICATION FOR				OMB A	oproval No. 0348-0043	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	7 7 70	
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1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier		
Application	Preapplication			11-4		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal dentines CT 10	200Z	
Non-Construction	Non-Construction			100		
5. APPLICANT INFORMATION			T6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- HOUGE	
Legal Name: TACUMBA COM		RVICE DISTR	Organizational Unit:	STATE CLEAR!	NG HOUSE	
Address (give city, county, State,	and zip code):	HILING!	Name and telephone nu	imp ar or perso rt to be contacti	SUIMONUI EJEDBILL UO DE	
STREET: 1266 R		P.O. BOX 425 ACUMBA, CA	this application (give are	ENMEYER		
JACUMBA, CA JACUMBA, CA 91934			7	(019) 766-43	59	
6. EMPLOYER IDENTIFICATION				NT: (enter appropriate letter in	DOX)	
33-0169623			G			
				H, Independent School Dist.	f Uighar Leamino	
B. TYPE OF APPLICATION:				 State Controlled Institution of J. Private University 	t sufficer community	
New Continuation Revision			1	D. Township K. Indian Tribe		
If Revision, enter appropriate letter(s) in box(es)				L. Individual		
it reavision, enter appropriate letter(s) in cox(es)				M. Profit Organization		
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D. Decrease Duration Other(specify):						
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			ORDER 12372 PR	OCE38?		
a. Federal	1,600	, <i>o o</i> o."	VEG TURBERS	PPLICATION/APPLICATION	WAS MADE	
		<u>, </u>	B. YES. IMIS PREA	TO THE STATE EXECUTIVE	ORDER 12372	
b. Applicant	S	•		FOR REVIEW ON:	,	
c. State	\$					
C. Otava		•	DATE	10/10/02		
d. Local	\$, w			2 42972	
		W	b. No. To PROGRAM IS NOT COVERED BY E. O. 12972 OR PROGRAM HAS NOT BEEN SELECTED BY STATE			
e. Other	\$		FOR REV		CIEDBIOIAIC	
		000	- FORKEY	1644		
f. Program income	\$	• ``	17 IS THE APPLICAN	NT DELINQUENT ON ANY FE	DERAL DEBT?	
g. TOTAL \$		<u> </u>		*attach an explanation.		
1	1.100	,000				
18. TO THE BEST OF MY KNO	WI FORF AND BELIEF. A	LL DATA IN THIS APPLI	CATION/PREAPPLICAT	ION ARE TRUE AND CORRI	ECT, THE	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND TH	HE APPLICANT WILL COMPI	"A ANII HIIRA L"	
ATTACHED ASSURANCES I	THE ASSISTANCE IS AV	ARDED.		c. Telephone Number		
a. 1900 (tallito of real control of the control of		b. Title	MANAGER	(619) 766-	4359	
			1-11141140	a Date Slaned		
d. Signature of Authorized Repr	GROUPELAG			OCTOBER 10	th, 2001_	
Previous Edition Usable				Standard Form 42	24 (Rev. 7-97)	
Authorized for Local Reproduct	lon			Prescribed by OMI	5 CIFCUIUF A- 102	